

10

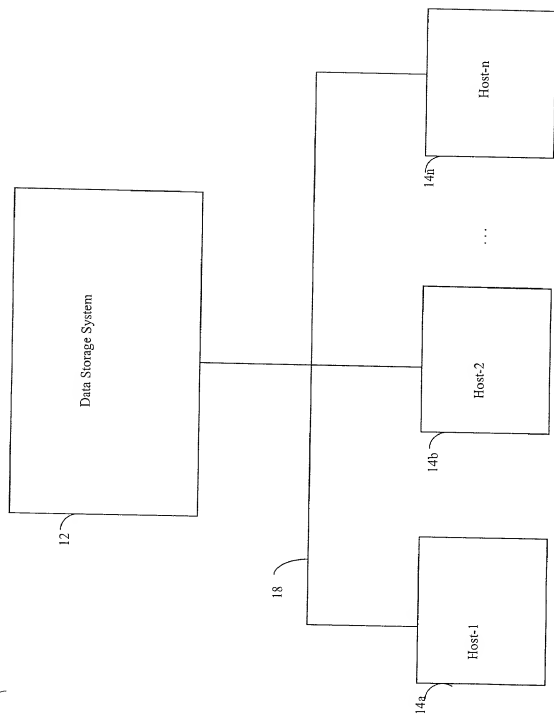


FIGURE 1

14a

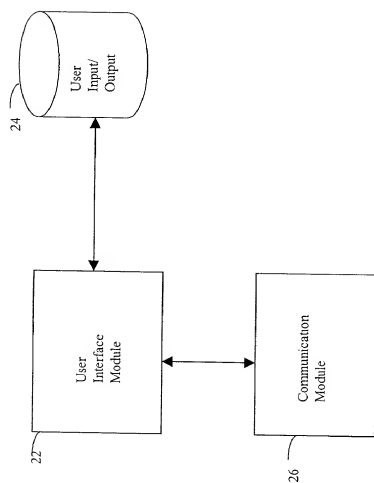


FIGURE 2

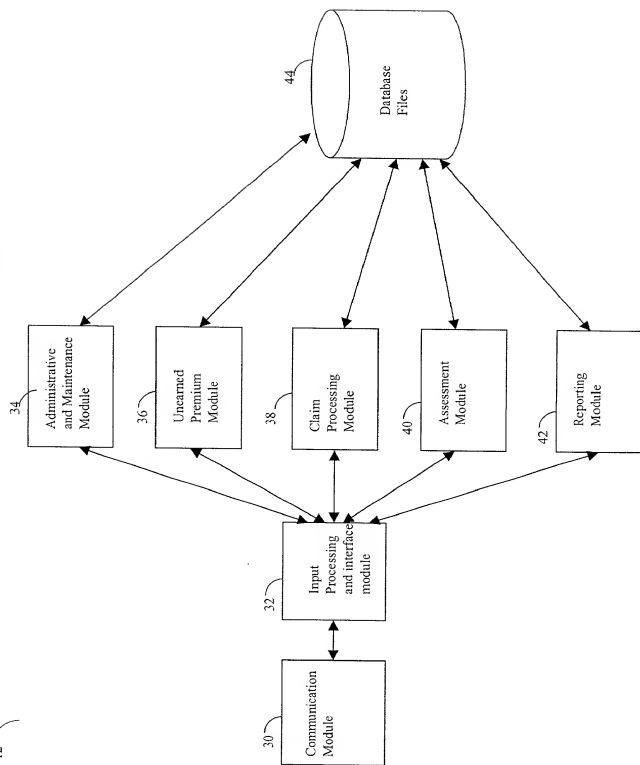


FIGURE 3

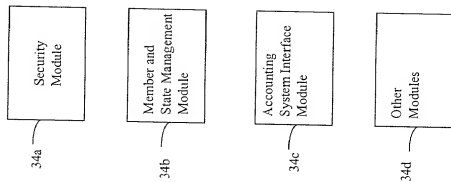


FIGURE 4

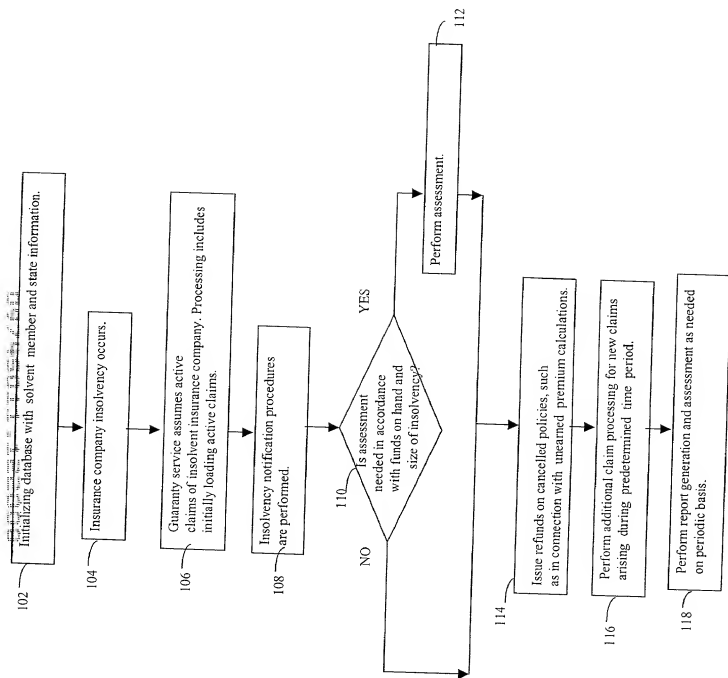


FIGURE 5

133

File

Unearned Premiums Assessments Member/State Financial Administrator Reports Day View Window Help



Claims Search...

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Claims New...

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000221105660

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Day View Window Help



Claim Detail

State Fund: ☐ Claim Number: Type: Claim Open

Insolvency: ☐ GFMS Number: Status:

Policy Number: Date of Loss: Status Reason:

Insured: First Name: MI: Last Name: Status Change Date: 12/00/2000

D/B/A or Company: Closed Status Approval ID:

☐ Blocked ☐ Read Notes

Policy

Insured: Street 1: Street 2: Street 3: City: State: Zip Code:

Telephone: Ext: Fax: Email:

Agent: Inception Date: Termination Date:

Policy Level: Excess of:

Policy Limits: ☐ Single ☐ Split

per person per occurrence

Claimant:

Payment: Delete: Edit: Save: Close:

716-016 713

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Day View Window Help



Claim Detail

State Fund	Claim Number	Type	Claim
Insolvency	GFMS Number	Status	Open
Policy Number	Date of Loss	Status Reason	
Insured	MI	Status Change Date	12/08/2000
First Name	Last Name	Closed Status	
D/B/A or Company		Approval ID	

☐ Blocked
 ☐ Read Notes

Policy		Claim	
Date Reported	11	Related Claim Number	
Date Received	11	Liquidator's Claim Number	
Date Entered	12/08/2000	Defense Attorney 1	
Entered By	JS2: Stadlander, Jason	Defense Attorney 2	
Claim Handler		Toxic Site	
Lookup Code(s)	4	Insurance Account	
1	5	Line of Insurance	
2		Claim Box Number	
3		File Location	00 - ONE BOWDOIN SQUARE
		File Location Date	12/08/2000

000221105460

TCARS

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Day View Window Help



Claim Detail

State Fund

MA

Claim Number 000291331-003

Type

CBN

Insolvency

180 - TRUST INSURANCE COMPANY

GRMS Number 188637

Status

Open

Policy Number

08/20/1998

Status Reason

Status Change Date

08/09/2100

First Name

MI

Last Name: FLANAGAN

Closed Status Approval ID

Blocked

Read Notes

D/B/A or Company

Policy

Claim

Claimant

Claimant List

Claimant #

Address

Telephone

Fax

E-Mail

Social Security Date

LAPSHIM VLAD

(3)

ext.

(1)

New

Modify

Delete

New

Search

Totals

Notes

Dialog

Payment

Delete

Print

Save

Close

Figure 79

706



Claim Search

State Fund Claim Number Policy Number

Insolvency Claimant

Policy Number First Name MI Last Name

Insured D/B/A or Company

First Name MI Last Name

D/B/A or Company

Insured First Name MI Last Name

D/B/A or Company

Policy

Insured

Street 1

Street 2

Street 3

City

Zip Code

Telephone

Fax

Email

Date of Loss / /

Related Claim Number

GEMS Number Liquidator's Claim Number

Quick Search Insolvency

GEMS Number State Fund

Search

Close

Save

Print

Delete

Payment

Day

Notes

Total

New

Search

21657

21657

21657

000231" 11053660

154

SCAPS

File Claims Uninsured Premiums Assessments Member/State Financial Administration Reports Day View Window Help

Unearned Premiums New Ctrl+N

1540

status

12/08/2000

11:36 AM

Figure 8A



Unearned Premium Policy Detail

State Fund:

Insolvency:

UP Policy Number:

Insured:

Insured #1 - First Name:

Insured #2 - First Name:

D/B/A or Company:

MI:

MI:

Last Name:

Last Name:

Policy

Policy Information

Inception Date:

Billing Type:

Termination Date:

Auditable:

Premium Calculation

Payment History

Agent:

UP Handler:

Entered By:

File Location:

Status:

Status Reason:

File Location Date:

Status Change Date:

JS2 - Stadlander, Jason

12/08/2000

12/08/2000

00 - ONE BOWDOIN SQUARE, BOSTON MA

Open

New

Search

Notes

Day

Delete

Print

Save

Close



Unearned Premium Policy Detail

State Fund Insolvency UP Policy Number

Insured

Insured #1: First Name: MI: Last Name: Insured #2: First Name: MI: Last Name: D/B/A or Company:

2500
2500
2500

Policy

Insured

Premium Calculation

Payment History

Insured

Street 1: Street 2: Street 3: City: Zip Code: State: Prod of Claim:

Waived

Prod of Claim #:

Optional or Additional Payee

Type: Name: Street 1: Street 2: Street 3: City: Zip Code: State:

New

Search

Notes

Diary

Delete

Print

Save

Close

230

11/11/05 SC

000276511054260

5:45 PM

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Day View Window Help



Unearned Premium Policy Detail

State Fund

Insolvency

UP Policy Number

Insured #1: First Name

MI

Last Name

Insured #2: First Name

MI

Last Name

D/B/A or Company

Policy

Insured

Premium Calculation

Payment History

Line of Insurance

Total Premium

Premium Paid

Gross Unearned Premium

Remaining Deductible

Payments Issued

Dividend Amount

Unearned Premium to be Paid

Reserve

2500

2500

2500

State Deductible

State Cap

Deductible Applied

Pending Amount

Pay

Non-Payment Letter

Payments Issued Letter

New

Search

Notes

Play

Delete

Print

Save

Close

1764125 PA1



State Fund:

Insolvency:

UP Policy Number:

Insured:

Insured #1: First Name

MI

Last Name

Insured #2: First Name

D/B/A or Company

State Fund:

Policy

Line of Insurance

UP Policy Number

Total Premium:

Insured: First Name

Premium Paid:

Insured: D/B/A or Company

Gross Unearned P

Remaining Deduct

Payments Issued:

Deductible Amount

Unearned Premium to be Paid:

Reserve:

Unearned Premium Policy Search

State Fund:

Insolvency:

UP Policy Number

Insured: First Name

Insured: D/B/A or Company

Remaining Deduct

Payments Issued:

Deductible Amount

Unearned Premium to be Paid:

Reserve:

New

Search

Notes

Diary

Delete

Print

Save

Close



Unearned Premium Policy Detail

State Fund: MA - Massachusetts Insurers' Insolvency Fund *224*Insolvency: 143 - AMERICAN MUTUAL INSURANCE OF BOSTON *224*UP Policy Number: 240362018 *224*Insured: *224*Insured #1 First Name: Last Name: SMITKUMAR B KADAKIA *224*Insured #2 First Name: Last Name: D/B/A or Company: SMITKUMAR B KADAKIA *224*

Policy		Insured		Premium Calculation		Payment History	
Date	Amount	Payee/Description	Check #	Status	Reason	UP Handler	Entered By
06/14/1998	\$283.00	PAYMENT REVERSED ON 11/23	34146	REVERSED	OTHREC	DAI	DAI
01/24/1991	\$0.00	SMITKUMAR B KADAKIA - SMIT		RECOVERY	OTHREC		

3 DAYS

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diaw View Window Help



Unearned Premium Policy Detail

Diary Detail

State Fund:	Massachusetts Insurers Insolvency Fund		
Insolvency:	AMERICAN MUTUAL INSURANCE OF BOSTON		
UP Policy Number:	C240362018		
Insured #1 - First	SMITH KUMAR B KADAKIA		
Insured #2 - First			
D/B/A or Company			
Insured:			
Claimant:			
Claim Number:			
Date of Loss:			
Use ID:	IS2	Reviewer ID:	
Diary Date:	12/08/2000	Review Date:	01/22/2001
Comments:	New Unearned Premium		
Number of Days:			

Diary History List

Diary Date	Review Date	Comments

Reserve

Unearned Premium

Divide Amount

Payments Issued

Remaining Due

Gross Unearned

Premium Paid

Total Premium

Line of Insurance

Policy

Save

Cancel

Close

12/08/2000

11:26 AM

PC-1105 9:00

154

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help

New Search

Ctrl+F Ctrl+H

Premiums ~ 1560
 Allocate/Approve Assessment ~ 1560
 Process Assessment ~ 1560
 Reprint Search ~ 1560
 NAIC Data Load ~ 1560

116-1126 47

12/08/2000

1136 AM

00022111054260

2/2/2

CAPS

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Daily View Window Help



Premium Summary

State Fund: Year: Insolvency Date: Member Find: NAIC #: End: Status:

Premium Subtotals

Member Ratios

Member	NAIC #

Premium Detail

Add Premium

Delete Premium

Insolvency Dates

Calculate State Law

Close

1764105 913

12/20/2000

11/2/2000



Individual Assessment Search

State Fund

Insolvency

Insurance Account

Kind

Type

Assessment Date

11

Reversal

Premium Base Year

Include Adjustments

Status

Assess Date	State Fund	Insolvency	Account	Kind	Type	Amount	Base Year	Status	Reversal

Search

New

Delete

Select

Close



Member Detail

NAIC Number

Member Name:

Assign to Group:

Group Code:

Group Name:

Insolvency

Statutory Liquidator

Appointive

Optional Liquidator

State Funds

Comments

Member

Street 1:

Street 2:

Street 3:

City:

State:

Zip Code:

Contact:

Telephone:

Fax:

E-Mail:

State of Domicile:

☐ Serving Carrier☐ Split Member

Split:

Year:

Address:

☐ Combine Member

Combine:

Member(s):

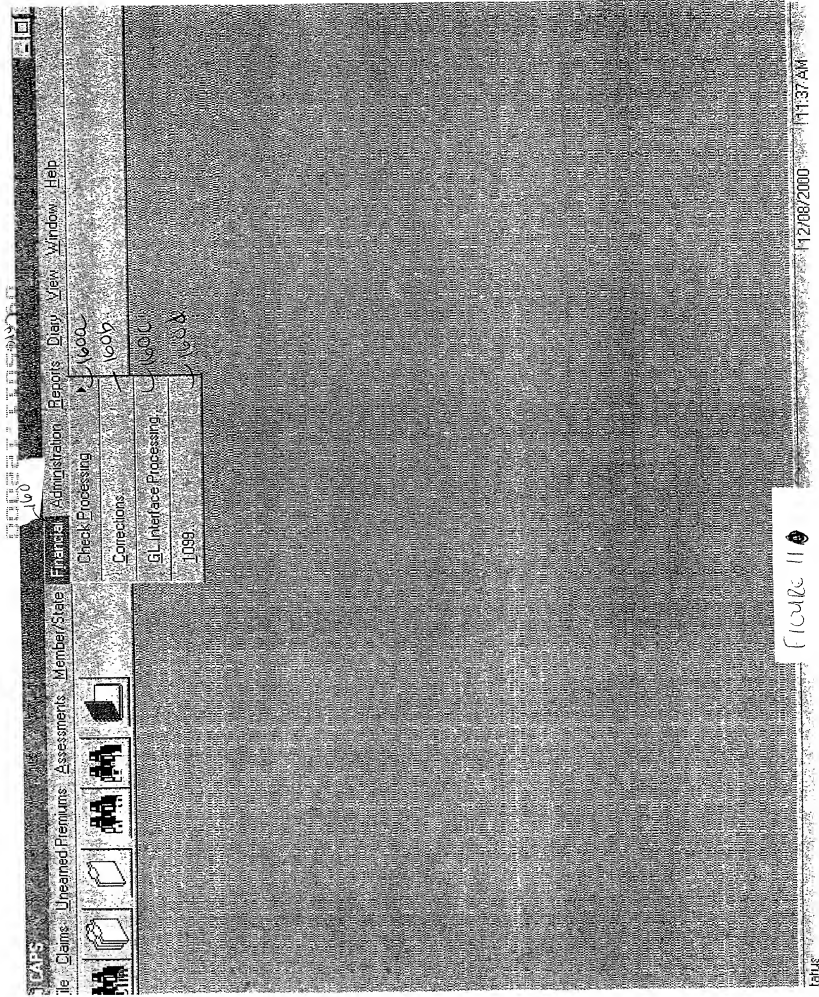
Search:

Involuntary:

New:

Save:

Close:





Add Code

File Location

Approvals

Agent

Liquidator

Provider/Payer

Towle Site

Hearingsman

LDS Map

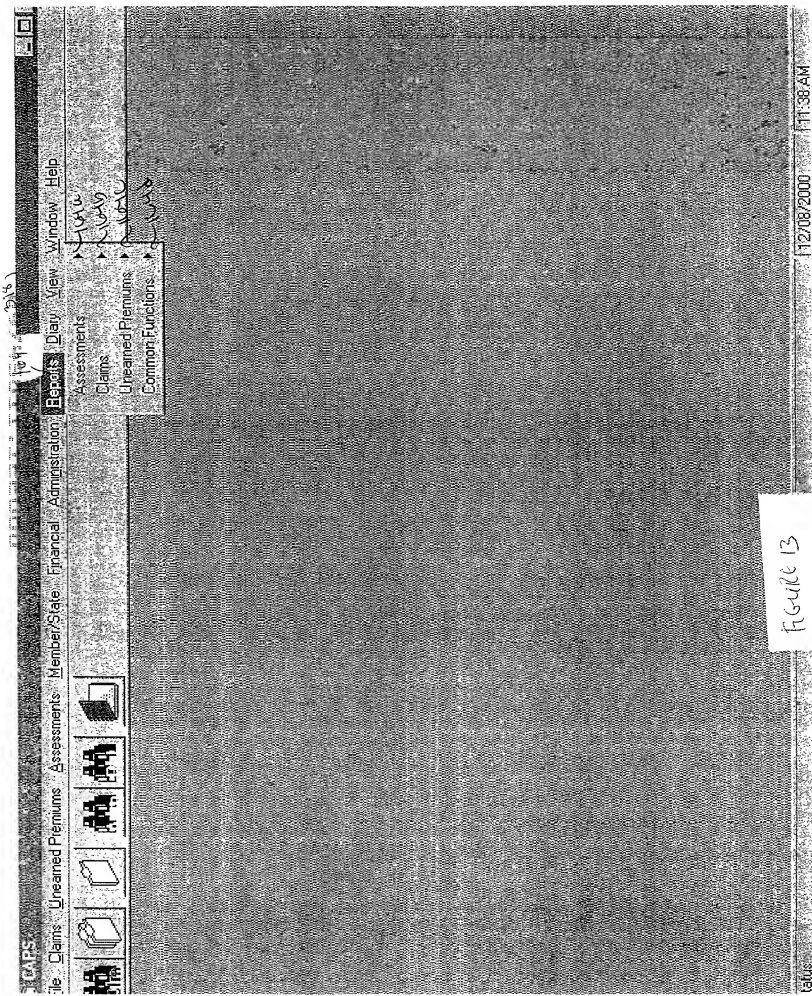
NAIC LDI Code

Insurance Account

Security

Claim Handler

Change Password Draw



000221-1104-4000

CLIPS

File

Claims

Unearned Premiums

Assessments

Member/State

Financial

Administration

Reports

Help

Open

Diary

Out-D

Help



telus

Figure 4

12/08/2000

11:38 AM



Change Password

User ID:

Old Password:

New Password:

Confirm New Password:

11/11/00 15



Users

User ID	User Name	Status
DA1	Amigo, Denise	Active
LA2	Anderson, Laura	Active
LA1	Angelone, Linda	Active
AUDITORS	auditor, auditor	Active
BB1	Barry, Robert	Active
RF8	Barry, Robert	Active
RB1	Bell, Richard	Active
VB1	Bena, Vivian	Active
MB1	Biever, Marisa	Active
DB1	Brown, Donald	Active
LC2	Cardinal, Leanne	Active

New Modify Assign Roles Close

Figure 16



Assign Roles

User Name: Wright, Denise

Available User Roles:

- Accounting Clerk
- Accounting Manager
- Claims Assistant Manager
- Claims Clerk
- Senior Claim Clerk
- Unearned Premiums Clerk
- UNKNOWN

Assigned User Roles:

- Claims Handler
- Claims Manager
- Unearned Premiums Handler
- Unearned Premiums Manager

Navigation buttons: << >> < >

Buttons: Save Cancel

FIGURE 12

The screenshot shows the 'User Detail' dialog box. On the left, a list of users is displayed: DA1, LA2, LA1, AUDITORS, BB1, RFB, RB1, VB1, MB1, DB1, and LC2. The 'User Name' field is set to 'DA1'. The 'First Name' is 'Denise', 'Last Name' is 'Amigo', 'User Login ID' is 'DA1', and 'User Status' is 'Active'. There are 'Save' and 'Cancel' buttons. On the right side, there are buttons for 'Assign Roles', 'Modify', and 'Close'. The 'New' button is visible at the bottom left of the window.

400

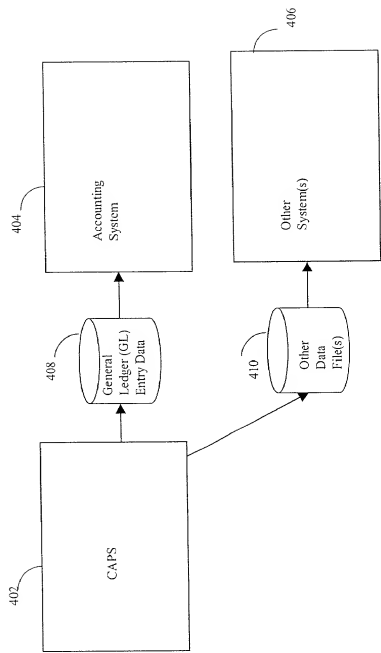


FIGURE 19

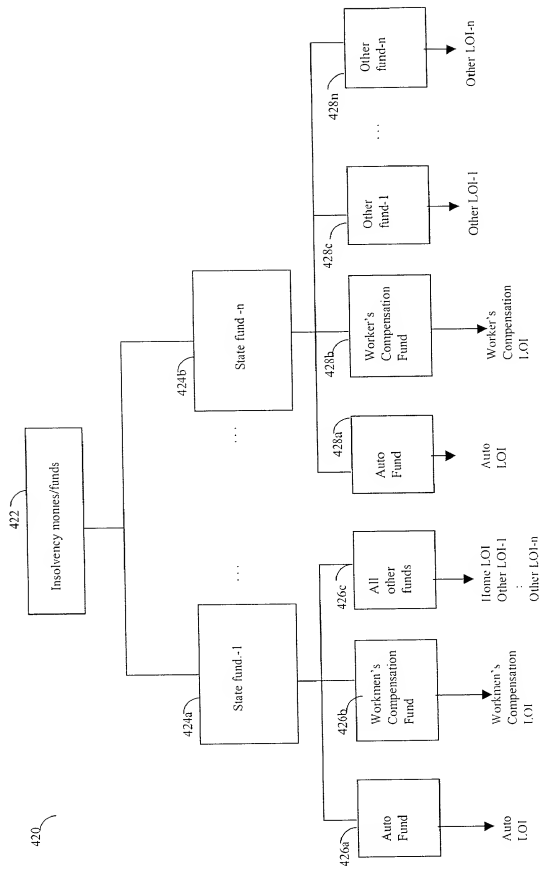


FIGURE 20

Totals

State Fund

MA

Claim Number

12345678901234567890

Insolvency

Abington Mutual Insurance Company

GFMS Number

GF00000001

Policy Number

HP020240000000000000

Date of Loss

04/27/1998

Claimant

Coverage

Claimant

Bronson Klopfenstein

Coverage List

Coverage	Loss Res.	Loss Paid	Loss Period	Exp. Res.	Exp. Paid	Exp. Period	Loss Recovery	Exp. Recovery	Offset
Benefits	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$1,000.00	\$100.00	\$500.00
Medical Expense	\$11,000.00	\$500.00	\$0	\$5,000.00	\$1,000.00	\$0	\$1,000.00	\$0	\$0
COLA	\$3,000.00	\$500.00	\$150.00	\$1,000.00	\$200.00	\$50.00	\$0	\$0	\$0
Claimant Totals	\$314,000	\$21,000	\$2,150	\$46,000	\$5,200	\$50	\$2,000	\$100	\$500
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000

Close

FIGURE 22

520

522

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526

W. Totals

State Fund: MA Claim Number: 12345678901234567890

Insolvency: Abington Mutual Insurance Company GFMS Number: 6F00000001

Policy Number: HP020240000000000000 Date of Loss: 04/27/1999

Claimant Coverage

Coverage: Benefits

Claimant List

Claimant	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset
Bronson Klopferstein	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$2,000.00	\$150.00	\$600.00
John Smith	\$200,000.00	\$30,000.00	\$3,000.00	\$40,000.00	\$5,000.00	\$1,000.00	\$0	\$0	\$0
Coverage Totals	\$500,000	\$50,000	\$5,000	\$80,000	\$9,000	\$1,000	\$2,000	\$150	\$600
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000

Close

FIGURE 23

530

Diary Detail

State Fund:	RI Ins. Insolvency Fund		
Insolvency:	United Community Insurance Co.		
Policy Number:	WC 447824		
Insured:	South Kingstown School Dept.		
Claimant:	Jason Rodner		
Claim Number:	435678		
Date of Loss:	02/13/1999		
User ID:	gw1	Reviewer ID:	df1
Diary Date:	05/10/1999	Review Date:	05/30/1999
Comments:	New Claim		

532

533a

533b

OR

Number of Days:

534

Diary History List

Diary Date	Review Date	Comments

536

Save Cancel

FIGURE 24

540 540 544 540 548 550 552

Action	Diary Type	Claim	Unearned Premium	Generic*
Approval	• when a claim payment is deleted	Claim payment approval	✓	
Approval	• when an unearned premium payment is deleted	Up payment approval	✓	
Approval	• when the closing of a claim is rejected	Claim closing approval	✓	
Approval	• when the closing of an unearned premium is rejected	Up closing approval	✓	
Claim	• when a claim status is changed to "close"	Claim status changed	✓	
Unearned Premium	• when an unearned premium status is changed to "close"	Up status changed	✓	
LOI	• when a LOI is modified	Loi modified		✓
LOI	• when a LOI is deleted	Loi deleted		✓
Notes	• when a claim note is sent to a reviewer	Claim note	✓	
Notes	• when a claimant note is sent to a reviewer	Claimant note	✓	
Notes	• when an unearned premium note is sent to a reviewer	Up note	✓	
Reserve	• when a reserve is adjusted for a claimant	Claim reserve	✓	
Reserve	• when a reserve is adjusted for a unearned premium policy	Up reserve	✓	
Taxpayer	• when a new taxpayer is added	New taxpayer		✓
Taxpayer	• when a taxpayer is modified	Modify taxpayer		✓
Claimant	• When the user enters or adjusts a reserve above a user's preset reserve aggregate or increment limit, then a diary is sent to a Claim Manager for approval.	Claimant reserve above limit	✓	

FIGURE 25

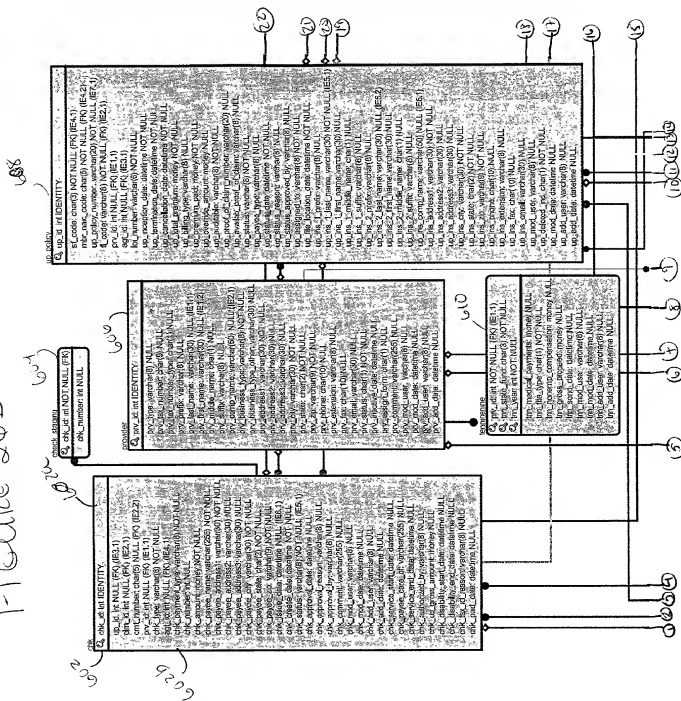
0974501.12000

6009

26B	26C	26D
26E	26F	
26G	26H	

FIGURE 26A

Figure 26B



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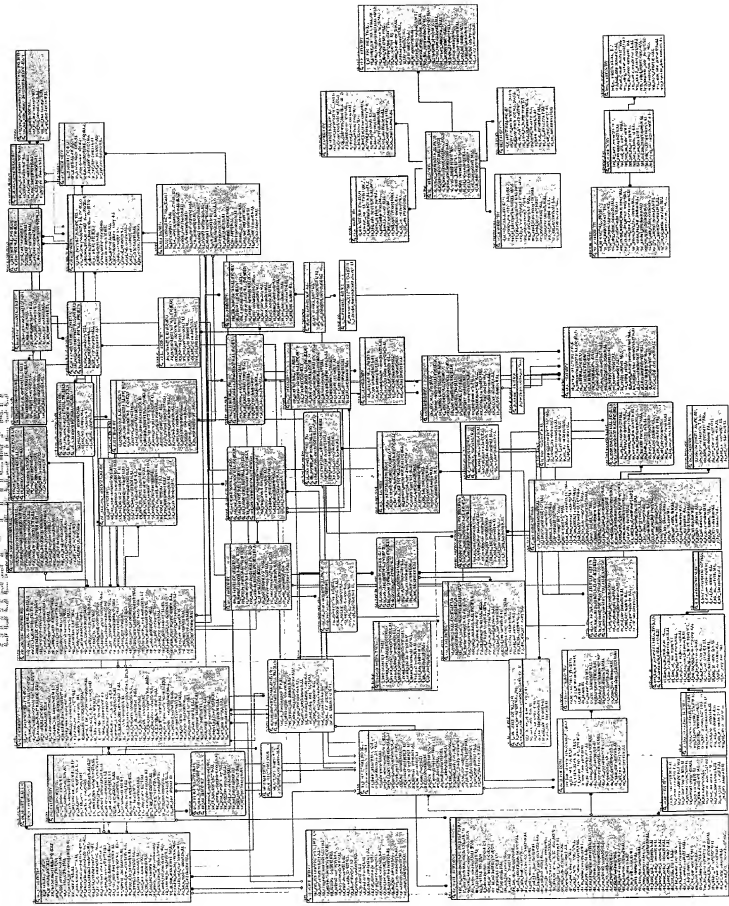


Figure 26 I

